

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Prohealth Rural Health Services, Inc.		
2. All other names debtor used in the last 8 years	DBA Prohealth Community Health Center		
Include any assumed names, trade names and doing business as names			
3. Debtor's federal Employer Identification Number (EIN)	62-1779945		
4. Debtor's address	Principal place of business PO Box 2029 Brentwood, TN 37024	Mailing address, if different from principal place of business Number, Street, City, State & ZIP Code Williamson County	P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

7. Describe debtor's business A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. *Check all that apply:*

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No.

Yes.

If more than 2 cases, attach a separate list.

District	MDTN	When	8/29/18	Case number	18-05771
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____		
District	_____	When	_____	Case number, if known	_____

11. Why is the case filed in this district? Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:

Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 25, 2019
MM / DD / YYYY

X /s/ Michael Gaw, Chairman

Signature of authorized representative of debtor

Michael Gaw, Chairman

Printed name

Title Chairman of the Board

18. Signature of attorney

X /s/ Griffin S. Dunham

Signature of attorney for debtor

Date June 25, 2019

MM / DD / YYYY

Griffin S. Dunham

Printed name

Dunham Hildebrand, PLLC

Firm name

2416 21st Avenue South

Suite 303

Nashville, TN 37212

Number, Street, City, State & ZIP Code

Contact phone 615.933.5850

Email address griffin@dhnashville.com

27043 TN

Bar number and State

Fill in this information to identify the case:

Debtor name | Prohealth Rural Health Services, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known): _____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Bill Sekulovski, MD 2095 Hemlock Drive Spring Hill, TN 37174		From ECF Claim No. 15 in Case No. 18-05771				\$19,510.26
Crye-Leike Property 5111 Peter Taylor Park Dr. #700 Brentwood, TN 37027		Commercial Lease				\$28,700.84
First Tennessee Bank 511 Union Street Nashville, TN 37219		Office Furniture and Equipment		\$348,000.00	\$144,944.00	\$203,056.00
Harold E. Crye Living Trust c/o Wesley Hall, III, Esq. 223 Madison Street, Ste 212 Madison, TN 37115		From ECF Claim No. 6 in Case No. 18-05771				\$36,197.05
Internal Revenue Service Centralized Insolvency Operation Post Office Box 7346 Philadelphia, PA 19101-7346		4Q 2018 FICA: 1Q 2019 FICA From ECF Claim No. 16 in Case No. 18-05771				\$47,117.86
Internal Revenue Service Centralized Insolvency Operation Post Office Box 7346 Philadelphia, PA 19101-7346		FICA Taxes for 2Q, 3Q & 4Q 2017; and 1Q, 2Q & 3Q 2018 From ECF Claim No. 1 in Case No. 18-05771				\$306,863.24

Debtor **Prohealth Rural Health Services, Inc.**
Name

Case number (*if known*)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Jane White, MD 1125 Cedarview Lane Franklin, TN 37067						\$53,434.91
LHT Knoxville Properties 1381 Collection Center Drive Chicago, IL 60693		Commercial Lease; From ECF Claim No. 17 in Case No. 18-05771				\$45,086.72
Mt. Zion Baptist Chruch Collier International 615 3rd Avenue South 500 PA 16483-9700		Commercial Lease; From ECF Claim No. 7 in Case No. 18-05771	Disputed			\$30,185.93
Quest Diagnostics PO Box 740736 Atlanta, GA 30374		From ECF Claim No. 14 in Case No. 18-05771				\$31,657.14
Ray White 1125 Cedarview Lane Franklin, TN 37067						\$19,343.93
Ray White 1125 Cedarview Lane Franklin, TN 37067		RE: Pay and Retirement				\$837,348.75
Robert D. Stallings c/o Seth M. Hyatt 414 Union Street, Ste 900 Nashville, TN 37219		From ECF Claim No. 19 in Case No. 18-05771	Disputed			\$206,796.80
Ruth Sirgo 109 Zuric Court Nashville, TN 37221		From ECF Claim No. 4 in Case No. 18-05771				\$30,000.00
The White Family Irrevocable Trust 5032 Trousdale Drive Nashville, TN 37220		Accounts receivable, FQHC Designation, 340 B Approval, Pharmacy License		\$349,459.86	\$0.00	\$349,459.86
The White Family Irrevocable Trust 1125 Cedarview Lane Franklin, TN 37069		Pharmacy license, FQHC Designation, 340B Approval and License		\$281,106.00	\$0.00	\$281,106.00
TN Dept of Labor c/o TN Atty General's Office Bankr. Div. PO Box 20207 Nashville, TN 37202		Unemployment taxes for: 3Q & 4Q 2018; 1Q 2019 From ECF Claim No. 20 in Case No. 18-05771				\$20,825.05

Debtor Name	Prohealth Rural Health Services, Inc.		Case number (<i>if known</i>)			
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
TN Dept of TennCare (Bureau) c/o TN Atty General's Office Bankr. Div. PO Box 20207 Nashville, TN 37202		From ECF Claim No. 18 in Case No. 18-05771	Disputed			\$18,722,234.00
U.S. Dept of Labor obo employees 618 Church Street, Ste 230 Nashville, TN 37219		From ECF Claim No. 13 in Case No. 18-05771				\$55,169.27
US Premium Finance 280 Technology Parkway Ste 200 Norcross, GA 30092						\$28,922.38

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DUNHAM HILDEBRAND, PLLC
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SUITE 303
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NASHVILLE TN 37201

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COLUMBUS GA 31999

AHC SOLUTIONS
206 W. CHURCH STREET
LEWISBURG TN 37091

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CHATTANOOGA TN 37402

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PO BOX 420574
ATLANTA GA 30384

COREY PENDLETON
UI RECOVERY UNIT
PO BOX 24150
NASHVILLE TN 37202

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NASHVILLE TN 37219

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717 COLUMBIA AVENUE
FRANKLIN TN 37064

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C/O WESLEY HALL, III, ESQ.
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MADISON TN 37115

HEALTHCARE PROFESSIONAL SERVICES
313 SWANSON DRIVE
LAWRENCEVILLE GA 30043

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PHILADELPHIA PA 19101-7346

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8201 MIDDLEWICK LANE
NOLENSVILLE TN 37135

JOE RUSNAK
TUNE, ETREKIN & WHITE, P.C.
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NASHVILLE TN 37238

JONATHAN WHITE
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FRANKLIN TN 37067

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CHICAGO IL 60693

LINDA BEECHER, MD
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ANTIOCH TN 37013

LOEB PROPERTIES
825 VALLEYBROOK DRIVE
MEMPHIS TN 38120

MEDSAFE WASTE
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HENDERSONVILLE TN 37075

MT. ZION BAPTIST CHURCH
COLLIER INTERNATIONAL
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PA 16483-9700

NICHOLAS TSAMBASISS
1524 EAST BURT DRIVE #116
COLUMBIA TN 38401

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FRANKLIN TN 37067

PHILLIP K. EHRLICH
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NASHVILLE TN 37210

PHYSICIAN VENTURE FUND
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CLARKSVILLE TN 37043

PROFESSIONAL COMMUNICATIONS
105 POPLAR STREET
ERIE PA 16507

QUALITY FIRST HEALTHCARE
12625 NE 204TH TERRACE
WALDO FL 32694

QUEST DIAGNOSTICS
PO BOX 740736
ATLANTA GA 30374

QUEST DIAGNOSTICS
ATTN: JAWANA MOORE
1001 ADAMS AVE
NORRISTOWN PA 19403

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NASHVILLE TN 37219

RUDY PORTILLO
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NASHVILLE TN 37221

RUTH SIRGO
109 ZURIC COURT
NASHVILLE TN 37221

STANFORD BIOSIMETRY
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BELLINGHAM WA 98229

STAPLES
PO BOX 405389
ATLANTA GA 30384

STONE RUDOLPH & HENRY
124 CENTERPOINT DRIVE
CLARKSVILLE TN 37040

SUSAN PHILLIPS
3418 WILLOW LAKE CIRCLE
CHATTANOOGA TN 37419

THE WHITE FAMILY IRREVOCABLE TRUST
5032 TROUSDALE DRIVE
NASHVILLE TN 37220

THE WHITE FAMILY IRREVOCABLE TRUST
1125 CEDARVIEW LANE
FRANKLIN TN 37069

THOMAS J. BRIGHT
205 DAVISON DRIVE
FRANKLIN TN 37064

TN DEPT OF LABOR
C/O TN ATTY GENERAL'S OFFICE BANKR. DIV.
PO BOX 20207
NASHVILLE TN 37202

TN DEPT OF TENNCARE (BUREAU)
C/O TN ATTY GENERAL'S OFFICE BANKR. DIV.
PO BOX 20207
NASHVILLE TN 37202

U.S. DEPT OF LABOR OBO EMPLOYEES
618 CHURCH STREET, STE 230
NASHVILLE TN 37219

US PREMIUM FINANCE
280 TECHNOLOGY PARKWAY STE 200
NORCROSS GA 30092

VALERIE CASTRO RUBANO
3700 HENDRICKS HILL DRIVE
SMYRNA TN 37167

VATALITY OGORODNIK
1438 BERN DRIVE
SPRING HILL TN 37174

United States Bankruptcy Court
Middle District of Tennessee

In re **Prohealth Rural Health Services, Inc.**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Prohealth Rural Health Services, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

June 25, 2019

Date

/s/ Griffin S. Dunham

Griffin S. Dunham

Signature of Attorney or Litigant

Counsel for **Prohealth Rural Health Services, Inc.**

Dunham Hildebrand, PLLC

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Suite 303

Nashville, TN 37212

615.933.5850 Fax:615.777.3765

griffin@dhnashville.com